

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09 / 720006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9	1					
10		1				
11		2				
12		①				
13		①				
14		①				
15		①				
16	1					
17		1				
18		2				
19		2				
20		2				
21		①				
22		①				
23		①				
24		①				
25		①				
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27		①				
28		①				
29		①				
30		①				
31		①				
32		①				
33	1					
34		1				
35		2				
36		2				
37		①				
38		①				
39		①				
40		①				
41	1					
42		1				
43		2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.		46				
TOTAL CLAIMS	51					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS